

DOCUMENT RESUME

ED 416 983

PS 026 255

TITLE The State of Washington's Children. [Third Annual Report.]
INSTITUTION Washington Univ., Seattle. Inst. for Public Policy and Management.
SPONS AGENCY Washington Univ., Seattle. School of Public Health and Community Medicine.; Annie E. Casey Foundation, Baltimore, MD.
PUB DATE 1994-10-00
NOTE 36p.; For 1995 Annual Report, see PS 026 256 and for 1996 Annual Report, see PS 026 257.
PUB TYPE Numerical/Quantitative Data (110) -- Reports - Descriptive (141)
EDRS PRICE EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Accidents; Adolescents; Birth Weight; Births to Single Women; Child Abuse; *Child Health; Child Neglect; *Children; Delinquency; Demography; Dropout Rate; Early Parenthood; Economic Status; Elementary Secondary Education; Foster Care; Higher Education; Infant Mortality; Infants; Lunch Programs; Mathematics Achievement; Mortality Rate; One Parent Family; Poverty; Prenatal Care; *Social Indicators; *State Surveys; Statistical Surveys; Substance Abuse; Trend Analysis; Unemployment; Welfare Recipients; *Well Being
IDENTIFIERS Arrests; Child Mortality; Firearms; *Indicators; Vaccination; *Washington

ABSTRACT

This third annual Kids Count report examines statewide trends in the well-being of Washington's children. The statistical portrait is based on five general areas of children's well-being: family and community, economic well-being, health, education, and safety and security. The 19 key indicators of child well-being are: (1) single parent families; (2) teen birth rate; (3) births to unmarried women; (4) children in out-of-home care; (5) poor children; (6) unemployment; (7) infant mortality; (8) low birthweight; (9) immunization; (10) late prenatal care; (11) tobacco use; (12) alcohol use; (13) eighth grade math scores; (14) high school dropout rate; (15) death rate from accidents; (16) child abuse and neglect; (17) arrest rate; (18) firearm deaths; and (19) incarceration. Results are presented as a state summary and track available data ranging from 1970 through 1992. Summary information and specific information is presented in each of the five general areas examined. The report indicates an increase in violent behavior among teenagers, declining standardized test scores, and high dropout rates for minority youth. However, decreases were shown in deaths from motor vehicle accidents, teen birth rates, and infant mortality. Immunization rates and prenatal care rates have also improved. (SD)

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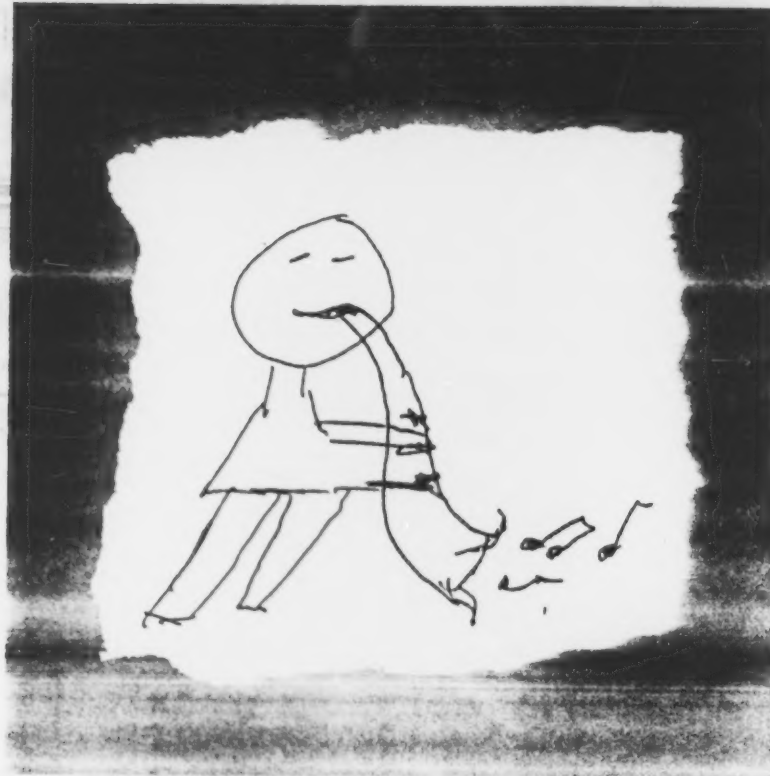
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THE STATE of WASHINGTON'S CHILDREN



OCTOBER 1994

REPORT

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ERRATA

The phone number listed on page 33 for the Washington Kids Count office is incorrect. The correct phone number is:

(206) 685-7613

Please make a note of it. Thank you.

*206-
543-8483*

THE STATE of WASHINGTON'S CHILDREN



OCTOBER 1994

This is the third annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the Institute for Public Policy and Management of the Graduate School of Public Affairs. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation.



University of Washington
School of Public Health and Community Medicine

ACKNOWLEDGMENTS

The 1994 *State of Washington's Children* report is a collaborative effort among many individuals within the University of Washington, public agencies and community groups.

Frederick A. Connell, UW Professor of Health Services, directs this project. Alice Porter, UW Health Policy Analysis Program, is managing editor.

Richard Brandon, executive director of the UW Human Services Policy Center, was responsible for sections of this report. Mark Gardner, UW doctoral candidate in political science, contributed valuable assistance. Ted Grichuhin was the programmer. Clarice Keegan was the desktop publisher. Sandy Johnson was the designer. Shauna Brown was the copy editor.

In addition to major support from The Annie E. Casey Foundation (Kids Count), we greatly appreciate funding from the CBS Foundation, the Maternal and Child Health Bureau of the U.S. Public Health Service, Children's Hospital and Medical Center in Seattle, the Seattle Foundation and the Safeco Foundation. Microsoft, DeltaPoint and Adobe donated software.

Among the many individuals who provided data and guidance are:

Carla Beyer
*Community and Family Health,
Washington state Department of
Health*

Brett Brown
Child Trends, Inc.

Laurie Cawthon
*Department of Social and Health
Services, First Steps Data Base*

Tim Flynn
*Washington state Department of
Employment Security*

David Grossman
*Harborview Injury Prevention
Center*

Kirsten Holm
Center for Health Statistics, DOH

George Hough Jr.
*Washington state Office of Finan-
cial Management*

Mary LeMier
*Non-Infectious Diseases and Injury
Prevention, DOH*

Patricia Starzyk
Center for Health Statistics, DOH

THE STATE
of
WASHINGTON'S CHILDREN

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WASHINGTON'S CHILDREN

VOICES

"My parents were divorced when I was three and my mom took me in hiding for about a year and a half from my dad. My dad's a very violent guy to be around."

— Nikki, age 17

"I noticed that if you have a good teacher, it makes you want to learn more. Cause if I have a teacher who believes in me, I already believe in myself."

— Danitra, age 11

"In Seattle they're trying to stop funding things for kids and stuff like that that really helps them stay out of the streets and gangs and drugs.... What would you do if your kids was in gangs and drugs and stuff like that?"

— Olivia, age 14

"If I carry a knife with me.... If they're doing something and I'm getting hurt real bad, I'll stab them.... If it's a one-on-one fight, there's nothing to stab somebody because it's not right to take nobody's life.... I think it's stupid, all this killing and stuff unless you're just defending yourself."

— Michael, age 14

"They're trying to tell me if I be in gangs, it's cool, but I tell them I'd rather do my homework and make a living."

— Tate, age 17

"I want to send it out to all the politicians. Take care of your kids, help other kids if they're not your own kids, help them, help them get off the streets. Help them get their own jobs, get them out of gangs, give them food and shelter."

— Sheila, age 14

"I've been on my own for the past six years. So, I left my mom when I was 12 and just because I didn't feel safe, you know. My parents are drug addicts. They weren't parents, so I took care of myself and it's a struggle out there."

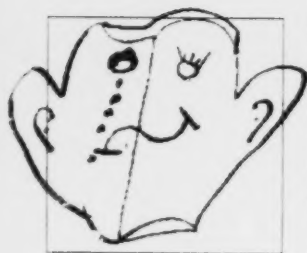
— Felicity, age 18

"Even out of the kids who are living in really tough environments, some of them make it and some of them don't. What I wonder is, is that a matter of your own personal strength, your own personality or is there anything else that can help these kids?"

— Annette, age 16

Source: Children's Express interviews, conducted during summer 1993

WASHINGTON'S CHILDREN



This is our third annual report on *The State of Washington's Children*. The report is an effort to provide, in one place, a comprehensive picture of the conditions of children and families in our state. We trace several "indicators" or measures of health and well-being to help us understand what progress has been made — and has not been made — in improving these conditions of children in our state.

Although we detect improvement in some areas, we regret to say that many of the concerns that we noted in our two earlier reports persist. In fact, new data presented in this report suggest that the extent of the problems may be wider and deeper — and more enduring — than we previously appreciated.

■ First, we continue to find that children in our state are living under conditions of greater stress and with less community, economic and adult support.

■ Second, we find disturbing new evidence of high levels of hopelessness and self-destructive and violent behaviors among teenagers in our state.

■ Third, we find some evidence of improvement in a few of our health indicators — the rewards of persistent effort begun many years ago.

■ Finally, and most disturbing, the data in this report suggest that in the future, things will get worse for our children unless we begin now to rebuild our communities, support families and give back to our children their faith in the future.

FAMILY STRESS

It has never been easy to raise children, and today's parents are finding it particularly difficult. The erosion of the extended family and the decline of neighborhoods mean that many children are no longer receiving the traditional supports that helped nurture past generations. More and more parents today are raising children alone. Too many families, including working families, are living on the edge.

Today in Washington, 1 of every 4 children lives in households with only one parent. Most single parents work to support their families. Nonetheless, the share of children living in households with inadequate income is three times as high for female-headed families as for married-couple families.

Too many parents must juggle — often alone — the stresses of poverty, the demands of a job and the needs of their families. Many are struggling, and we can see some of the consequences of these difficulties in the behaviors and despair of today's youth.

ECONOMIC PRESSURES

Economic conditions decide whether children will start out one step up or one step down on the ladder of life.

*Too many
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families.*



Economic conditions decide whether children start out one step up or one step down the ladder of life.

While unemployment has declined steadily over the past year, it remains considerably higher than it was just five years ago. And too many of the jobs available do not provide adequate income to raise a family.

The sad fact is that more than 1 in 3 children in our state is growing up poor and starting out behind.

■ In Washington, 1 in 7 lives below the official federal poverty line.

■ An additional 1 in 5 is part of the "hidden poor" — families that are working hard but can't make ends meet. These children live in families that are above the official poverty line but lack sufficient income to cover the basic needs of housing, clothes, food, health and child care.

Child poverty in our state is *not* being caused by parents who won't work. More than 80% of poor children in Washington have at least one parent working full or part-time. The problem is caused by a lack of well-paying jobs and affordable child care.

While most poor children in our state are White, the poverty rate is twice as high for minority children. And the gap is growing. Over the past decade, the share of children living in poverty has risen by 1 percentage point for White children, 5 points for African American children and 8 points for Native American and Hispanic children.

VIOLENCE

In previous reports on *The State of Washington's Children*, we noted that Washington has one of the highest teen suicide rates in the country. Recent data now suggest that as many as 1 in 10 high school students in our state make a suicide attempt each year.

■ More than a third of female high school seniors report having been physically or sexually abused.

■ And as we all read, violence and homicide are increasing rapidly. Today, 1 in 4 deaths of adolescents ages 15-19 involves a firearm.

These problems do not begin — nor can they be completely reversed — during adolescence. They are the culmination of what we have given and *not* given to our children over their lifetimes.

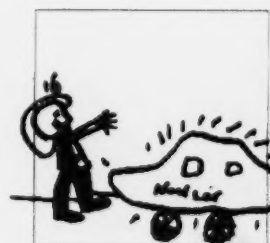
Schools can help, but they are over-burdened and under-staffed. Many students are not getting the education they need.

■ Standardized test scores are declining compared with the rest of the nation for all race and ethnic groups in the state.

■ Drop-out rates remain extremely high for minority youth, and we have stalled in increasing the share of students going to college.

SOME PROGRESS

Although the picture that emerges from these statistics should be a source of concern for us all, it is important to emphasize that we have made progress, particularly in areas where long-standing efforts have been maintained.



- Deaths from motor vehicle accidents are decreasing — along with reported alcohol use by teenagers.
- Birth rates among 15-17 year-old adolescents have begun to level off after having increased for 10 years. Furthermore, the rate of births to children younger than 15 declined markedly in 1992 to the lowest level since 1988.
- Immunization rates in young children and prenatal care for pregnant women has improved.
- And finally, infant mortality has declined dramatically. The major cause of the recent improvements has been a dramatic reduction in deaths from sudden infant death syndrome (SIDS), which declined by nearly a third from 1992 to 1993.

These accomplishments have not been the results of quick fixes. Rather, they represent the fulfillment of long-standing efforts: the work of researchers, educators, health care providers and public health programs. Similarly, there will be no quick fixes, no magic bullets, for today's problems. Progress will require the kind of commitment, investments, persistence and patience that has characterized these noteworthy successes.



LOOKING TO THE FUTURE

The data in this report tell us not only how well — or how poorly — we have done in the past. They also allow us to look toward our children's future.

- Current population trends will bring rapid growth in Washington's youth population, particularly in teenagers. Within five years, there will be 27% — or 70,000 — more teenagers than today. If the rates of despondency and violence do not change, we can expect 27% more suicides, 27% more arrests, 27% more homicides more than we currently experience.

- In 10 years, today's teens will constitute the majority of the new parents of the next generation of Washington's children. Will today's youth have the preparation and support they will need to provide adequate nurturance and hope to *their* children?

- In 15 years, today's infants will be teens themselves. These children are growing up under *worse* circumstances than did today's troubled teens. Is it reasonable to expect that they will be any more hopeful, any less depressed, any less violent than the teens of today?

There is strong scientific evidence that suggests these problems can be passed from generation to generation. There is no reason to expect that the problems of families and teens described in this report will go away by themselves.

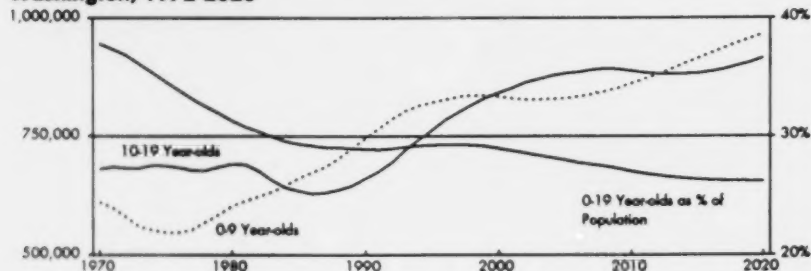
If we care about our children, we must reach out to them and their parents. We must support families and help to rebuild our communities. It is up to all of us to assure that our children's future — and our future — is not what our statistics say it might be, but what we believe it should be.

There is no reason to expect that the problems of families and teens will go away by themselves.

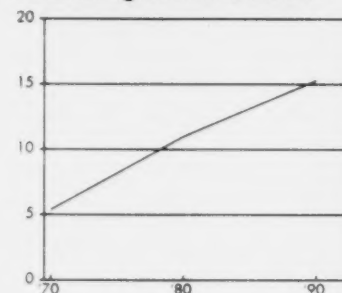
DEMOGRAPHIC TRENDS

Although the number of children in Washington will continue to rise into the next century, their share of the total population will continue to fall.

**Number of Children
And Children Ages 0-19 as a Percent of Population
Washington, 1972-2020**



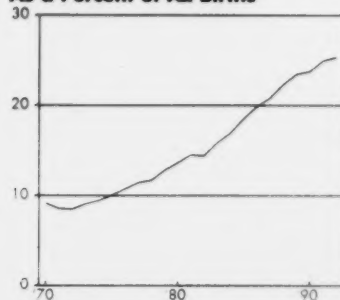
**Children of Color as a Percent
Of Washington State Children**



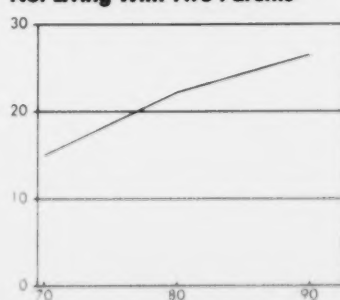
FAMILY COMPOSITION

Over the past two decades, more children have been growing up in families headed by one parent. During this time, a growing number of children have been placed in out-of-home care.

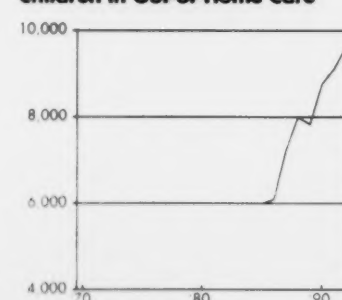
**Births to Single Mothers
As a Percent of All Births**



**Percent of Children Under 18
Not Living With Two Parents**



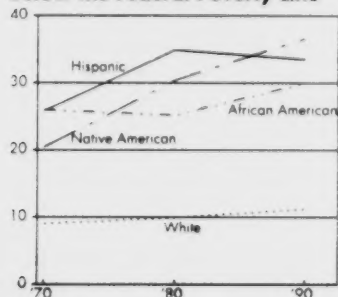
**Average Monthly Number of
Children in Out-of-Home Care**



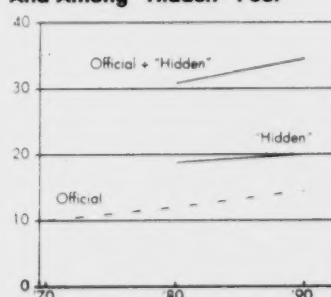
FAMILY INCOME

The percent of children growing up in poverty has increased over the past two decades, especially among children of color and children in one-parent households.

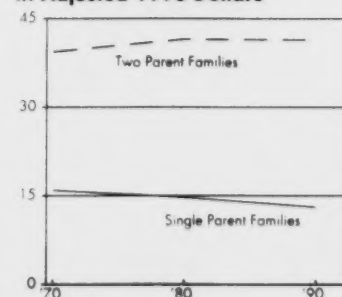
**Percent of Children Living
Below the Federal Poverty Line**



**Percent of Children in Poverty
And Among "Hidden" Poor**



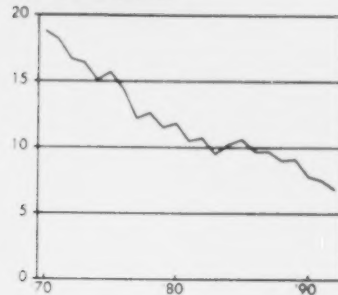
**Median Family Income (1,000s)
In Adjusted 1990 Dollars**



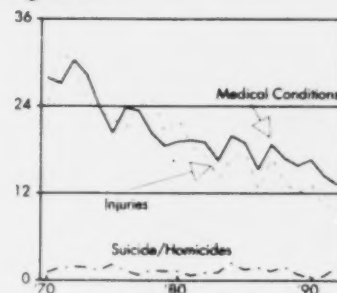
MORTALITY

Infant mortality and deaths from accidents have declined by 50% since 1970 while deaths from homicide and suicide increased. Among 10-19 year-olds, intentional injuries account for more deaths than medical conditions.

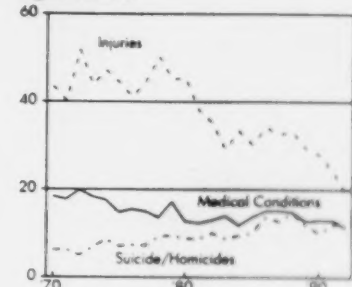
Infant Mortality Rate Per 1,000 Births



Deaths per 100,000 Children Ages 1-9



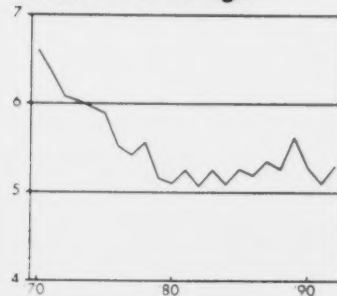
Deaths per 100,000 Children Ages 10-19



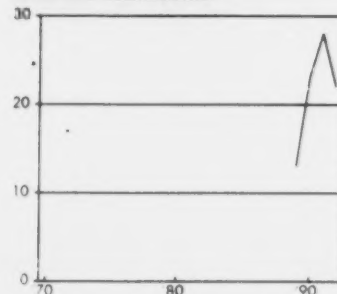
PHYSICAL AND MENTAL HEALTH

In recent years, there has been no consistent progress in reducing the rate of low-birthweight births or the prevalence of HIV infection among childbearing women. Adolescent suicides have declined after peaking in 1988.

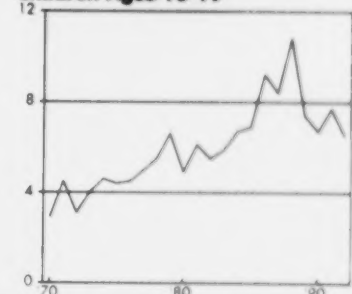
Washington State Births Percent Low Birthweight



Number of Delivering Mothers With HIV Antibodies



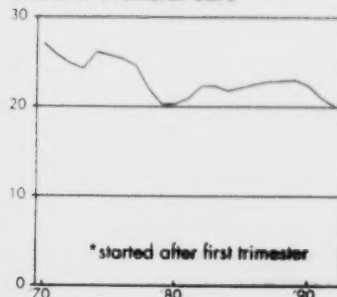
Suicide Deaths per 100,000 Children Ages 10-19



ACCESS TO HEALTH CARE

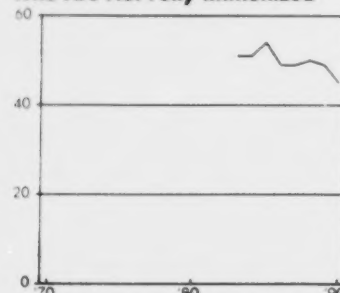
Access to health care — whether measured in terms of prenatal care, immunization rates or financial coverage for hospital care — has improved slightly in recent years.

Percent Women with Delayed Onset of Prenatal Care*

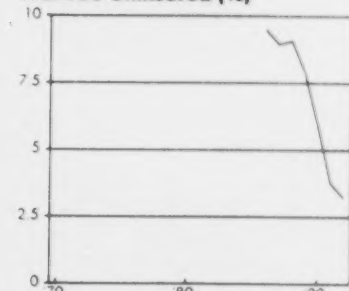


* started after first trimester

Percent of 2 Year-olds Who Are Not Fully Immunized



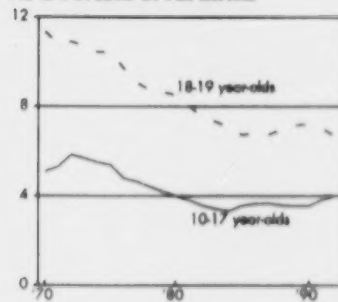
Pediatric Hospitalizations That Are Uninsured (%)



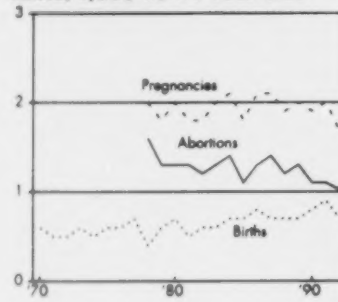
TEEN PREGNANCY

There has not been a consistent trend in teen pregnancy rates over the past decade; however, abortion rates for teens have declined.

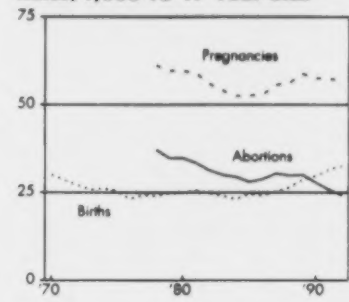
**Births to Teen Mothers
As a Percent of All Births**



**Pregnancy, Birth and Abortion
Rates/1,000 10-14 Year-olds**



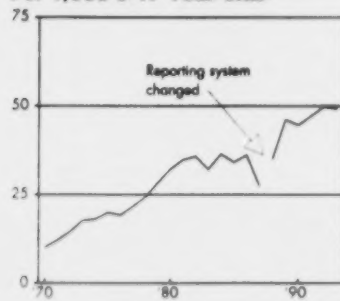
**Pregnancy, Birth and Abortion
Rates/1,000 15-17 Year-olds**



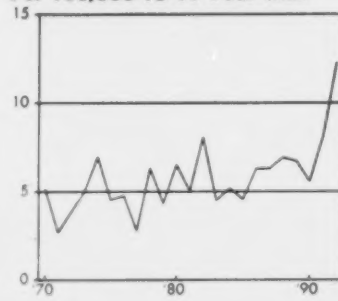
VIOLENCE

Deaths from homicide and firearms have risen dramatically in the past few years, as have referrals to Child Protective Services. It is not clear how much of the increase in CPS referrals has been due to changes in reporting and detection.

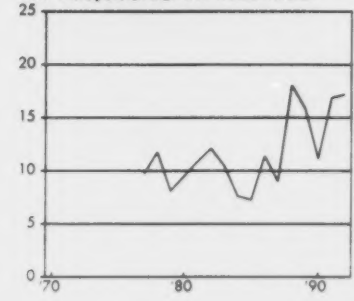
**CPS Referrals
Per 1,000 0-17 Year-olds**



**Homicide Mortality Rate
Per 100,000 15-19 Year-olds**



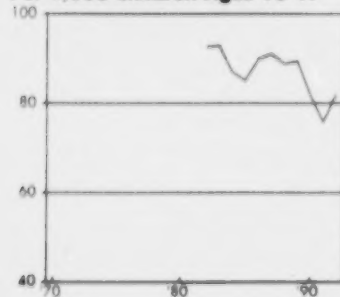
**Deaths from Firearms
Per 100,000 15-19 Year-olds**



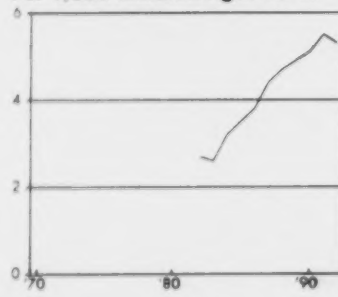
ARRESTS AND INCARCERATION

Although overall youth arrest rates have not changed substantially, rates for violent crimes have increased greatly. At the same time, the number of incarcerated youth has also increased.

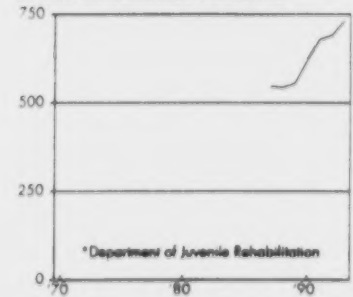
**Arrest Rates for All Offenses
Per 1,000 Children Ages 10-17**



**Arrests for Violent Offenses
Per 1,000 Children Ages 10-17**



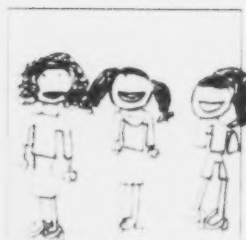
**Number of Children Ages 10-17
In DJR Residential Facilities***



*Department of Juvenile Rehabilitation

WASHINGTON'S CHILDREN

FAMILY AND COMMUNITY



The composition of families in Washington and elsewhere is changing rapidly, presenting new challenges to public policy and programs as well as public understanding. Schools, communities, employers and the health care system need to adapt to trends that have emerged with great force over the past 20 years:

- Washington's children are far more racially and culturally diverse than in the recent past. Today, more than 20% of Washington's school-age children are non-White, compared with only about 6% in 1970. More of these children speak a language other than English at home or speak English with minimal fluency.
- A growing share of children are living in families with only one parent. Many of these children have never had both parents at home. In 1970, 1 of every 10 children in the state was born to an unmarried woman. Today, the proportion is almost 1 of every 4.
- Children growing up in families headed by a single female are far more likely to live in poverty than are children growing up in married-couple families, and the gap is increasing. This is despite the fact that 3 out of 4 single mothers enter the paid work force to support their families.
- The stresses experienced by families in this state are reflected in the growing numbers of children being placed in foster or out-of-home care. In 1992, at any given time, nearly 10,000 children were living in an out-of-home placement, compared with 6,000 in the mid-1980s.

To make stronger families and grow healthier children, we must:

- Help rectify the growing economic disparities between single- and two-parent families by thorough job training, more affordable child care and support enforcement.

- Promote greater school and community involvement in the support of families. Parents do not and cannot bring up children in isolation. Neighbors, shopkeepers, teachers, community leaders, as well as parents should do their part.

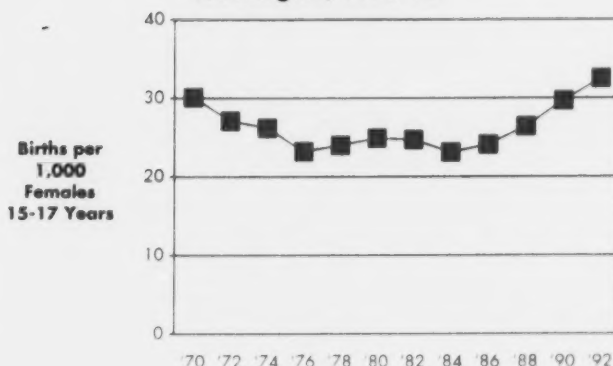
- Improve accessibility of family planning services to assure to the greatest extent possible that all pregnancies are planned and that all babies are wanted.

Key Indicators	Then	Now	Trend
Children not Living With Two Parents	22.2% (1980)	26.5% (1990)	Worse
Teen Birth Rate (15-17 Years)	24.9 / 1,000 (1982)	32.5 / 1,000 (1992)	Worse
Births to Unmarried Women	14.4% (1982)	25.3% (1992)	Worse
Number of Children In Out-of-Home Care	7,219 (1987)	9,669 (1993)	Worse

FAMILY AND COMMUNITY

Washington's families have changed radically during the past two decades. They are becoming more racially and ethnically diverse, and they are less likely to be headed by married couples. A growing share of Washington children are non-White and grow up in families where English is spoken with limited proficiency or not at all. Today, more than 1 of every 4 children in Washington is born to an unmarried woman, and the rate of births to single women is rising. Birth rates to school-age mothers have been increasing in the state since the mid-1980s. Although more than two-thirds of single mothers in the state work outside the home, their average family income has been less than half that of Washington's married-couple families.

**Births to School-Age Mothers
Washington, 1970-92**



More Births to School-Age Moms

- In Washington, birth rates for women still young enough to be attending high school leveled off from the mid-1970s to the mid-'80s. But in 1988, they began to climb again.

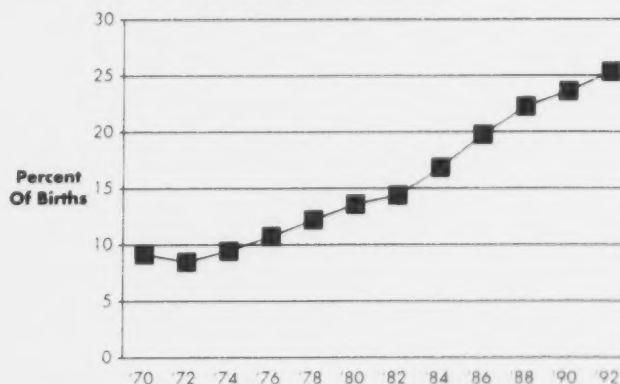
- By 1992, birth rates to school-age mothers in Washington reached 32.5 per 1,000 births, an increase of nearly 30% from the 1984 rate for the state.

More Births to Single Moms

- Births to unmarried women in Washington rose steeply during the 1970s and '80s.

- In 1970, barely 9% of Washington births were to unmarried women. By 1992, the share had increased to 25% of all births.

**Proportion of Births to Unmarried Women
Washington, 1970-92**



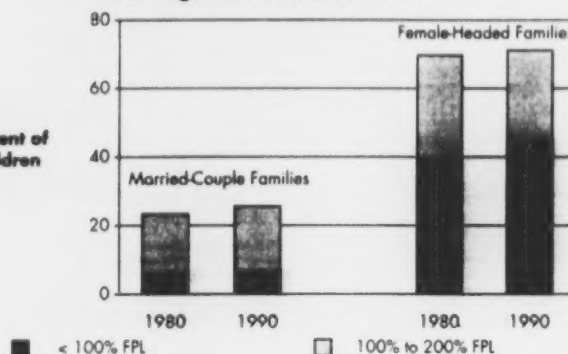
A Family-Income Gap

- One consistent feature of Washington families with children is that those headed by married couples generally experience a much higher income than do families headed by single women.

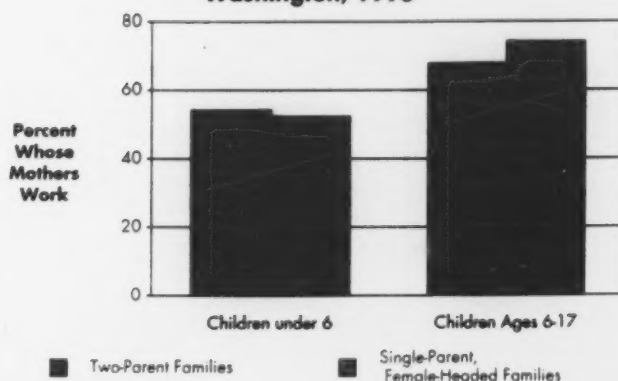
- More than three-fourths of Washington children in families headed by women live below the basic income standard of 200% of the federal poverty level (FPL). A majority of these low-income children live below the poverty line.

Percent of Children

Children in Low-Income Families By Head of Family Washington, 1980 and 1990



Children Whose Mothers Work Washington, 1990



All Parents In the Workforce

- Whether in families headed by two parents or a single woman, the majority of mothers of pre-school and school-age children were in the paid work force by 1990.

- Among Washington's single mothers with school-age children, nearly three-fourths are working outside the home. This is a slightly higher share than for mothers in married-couple families.

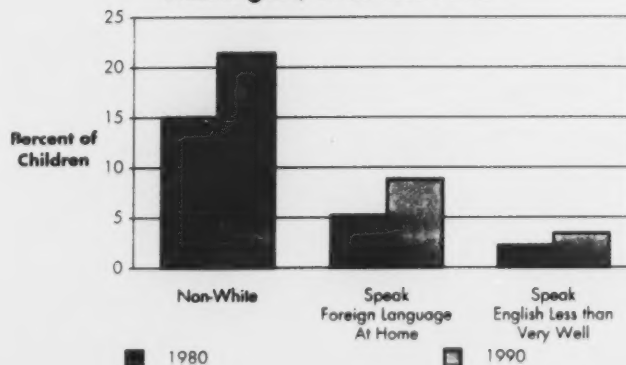
- In 1990, nearly 63% of Washington children had all parents in the paid labor force.

More Diversity

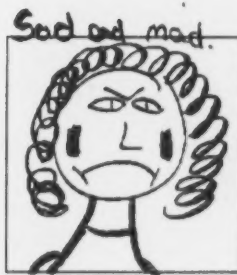
- One of the major findings of the 1980 Census in Washington was that a rapidly increasing share of the school-age population are children of color. By 1990, more than a fifth of Washington's children were non-White.

- The 1990 Census found that the percent of Washington children who speak a language other than English at home, or who do not speak English "very well," rose by more than half during the 1980s.

Increase in Racial and Ethnic Diversity Children 5-17 Years Washington, 1980 and 1990



THE FUTURE OF WASHINGTON'S CHILDREN IS IN OUR HANDS



Things Could Get Worse . . .

- The rising numbers of children growing up in poor, at-risk families will place an ever larger strain on an already over-burdened social safety net system.
- Because of restrictions placed on the Legislature by Initiative 601, low-income and at-risk families in our state may face cutbacks and shortages of services including family reconciliation, case management, mental health and child care services.
- The continued growth in the number of children being placed in out-of-home care, combined with a shortage of qualified foster care providers, may severely compromise the services that can be provided to these needy children.
- The decline in the availability of abortion services in Washington state may mean that a larger number of unplanned, unwanted children will be born in the years ahead.

Or Things Could Get Better . . .

- New legislation extending the period of eligibility for family planning services under the state's First Steps program may help reduce the number of unintended, repeat pregnancies occurring within a year after childbirth.
- State-supported local initiatives, public information campaigns through the mass media and development of school-based clinics could promote more responsible reproductive behaviors among teens and reduce the number of children having children in our state.
- Community-wide planning, public-private partnerships and local-state coordination mandated under the recently enacted Family Policy Initiative could result in more appropriate, efficient and effective community-based services for families in need.
- Recent efforts to more vigorously enforce child support payments could help reduce the income gap between single- and two-parent families.



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WASHINGTON'S CHILDREN

ECONOMIC WELL-BEING



Children who grow up in poor households start several steps behind in life's economic competition. They risk a continued cycle of disadvantage, lasting through the child's lifetime and passed on to future generations. Many families and individuals struggle successfully to overcome these disadvantages and lead fulfilling, prosperous lives. They pass on hope and security to their children.

For far too many, however, the disadvantages are overwhelming. Today, 1 of every 7 Washington children lives below the poverty line — a higher share than for any age group. Among children younger than 6 years old, 1 in 6 lives in poverty. And more than 1 of every 3 children in the state lives among the "hidden poor," within a family that does not have enough income to meet a basic minimum standard of living. The lack of adequately paid jobs is the source of the problem; more than 80% of Washington's poor children have at least one working parent. Poverty rates are highest among African American, Hispanic and Native American children as well as children growing up in households headed by single parents.

Without successful efforts to stem this rising tide of poverty, the future looks bleak for a growing share of Washington children. Poor children do less well in school. They have higher dropout rates, lower scholastic performance, higher illiteracy and lower job skills. Poor children have less adequate health and nutrition. Poor children live in less desirable housing, often in unsafe areas. And they are both major victims and perpetrators of violence.

Federal and state programs are grappling with the poverty issue in different ways. The expansion of the federal Earned Income Tax Credit will ease pressures on low-income families. Similar

expansions in food stamp, job training and early childhood programs, as well as implementation of Washington's health system reform law, will make it easier for low-income families to obtain their basic needs. New approaches to state welfare programs may address the need to support low-income, female-

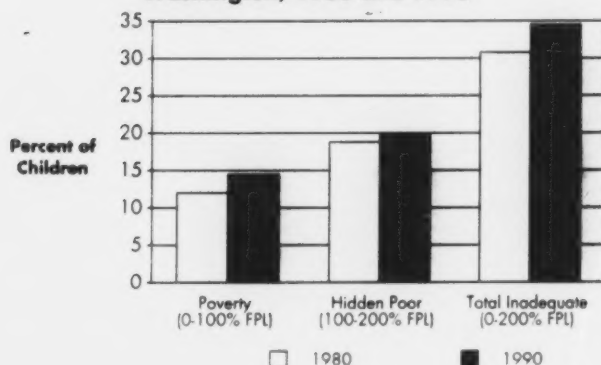
headed families with child care and job training services.

Key Indicators	Then (1979)	Now (1989)	Trend
Official Poor (Share of Children)			
White	10.2%	11.4%	Worse
Black	24.7%	29.6%	Worse
All	12.0%	14.5%	Worse
"Hidden Poor"	18.8%	20.0%	Worse
Total Poor	30.8%	34.5%	Worse
Unemployment	6.2%	7.5%	Worse
5-year Trend	(1989)	(1993)	
Unemployment		6.3%	
1994 2nd quarter			

ECONOMIC WELL-BEING

The official federal poverty line is a well-established measure, but it tells only part of the story. Since the poverty line was calculated in 1963, the costs of medical services, child care and housing for families have increased dramatically. Many federal policies now recognize that it costs about twice the poverty line for a family to provide the basic necessities of food, shelter, transportation, clothing and health care. We have calculated this basic level for families with children in Washington state and found that an alarming number of children are growing up not officially poor but still unable to meet this basic income standard. Nearly a third of our children fall in this category of "hidden poor," and are growing up with inadequate income.

**Official Child Poverty and Hidden Poor
Washington, 1980 and 1990**



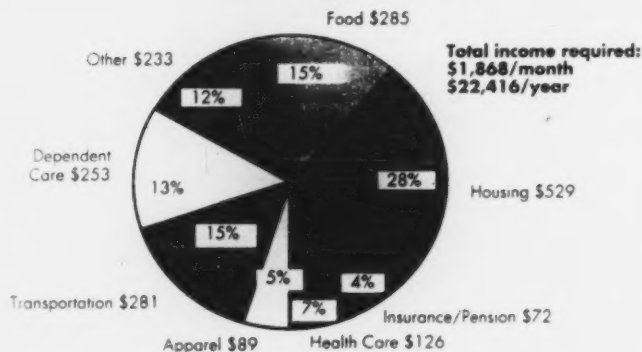
The Poor and the 'Hidden Poor'

- About 1 in 7 of our children lives below the poverty line. And 1 in 6 children under 6 lives in poverty.
- Poverty is higher for children than for any other age group, and the child poverty rate has increased three times as much as the adult poverty rate over the past decade.
- More than a third of Washington's children live in families that do not meet a basic minimum living standard and must trade off food, shelter, child care and health services.

Affording Basic Needs

- An adequate basic income for a family of three in Washington is now \$1,868 a month, or \$22,416 a year. This is twice the official federal poverty line.
- A single parent must make \$10 per hour to meet the basic living standard. A minimum wage of less than \$5 per hour barely gets a family of three to the official poverty line.
- Families that lack adequate basic income account for nearly a third of White children, more than half of African American children and nearly two-thirds of Hispanic and Native American children.

**Lower Monthly Living Standard for Family of Three
Washington, 1993**

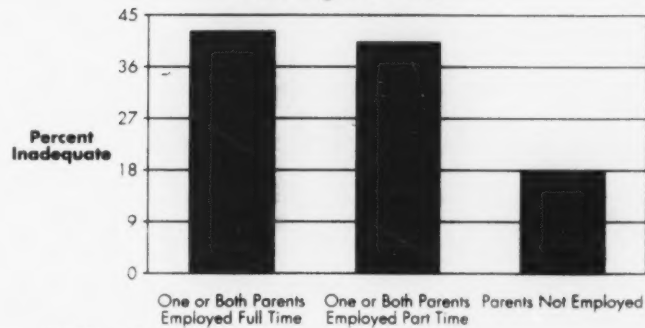


Working But Poor

- More than 80% of our poor children have at least one working parent. Low wages and lack of jobs — not avoidance of work — are causing child poverty in our state, particularly in rural areas.

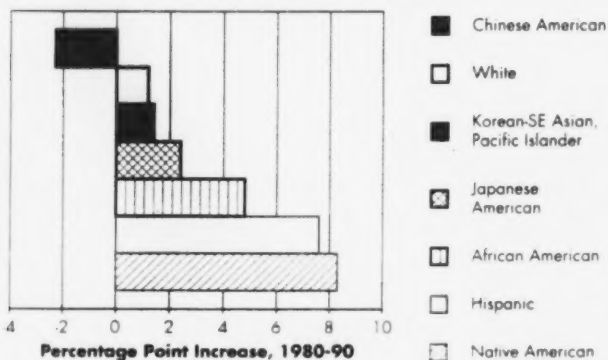
- While unemployment dropped during 1993, the improvement slowed in 1994.

**Children with Inadequate Income*
By Parents' Employment Status
Washington, 1990**



*0-200% of poverty

**Change in Child Poverty Rate By Race or Ethnicity
Washington, 1980-90**



The Growing Poverty Gap

- Poverty disproportionately affects racial and ethnic minorities. For White children, the official poverty rate is 11.4%; for minority children, it is 29.6%.

- Poverty for White children increased 1.2 percentage points from 1980 to 1990. For minority children, the poverty rate climbed 4.9 percentage points.

- Poverty rates increased most for Native American and Hispanic children, rising by about 8 percentage points from their already high 1980 rates.

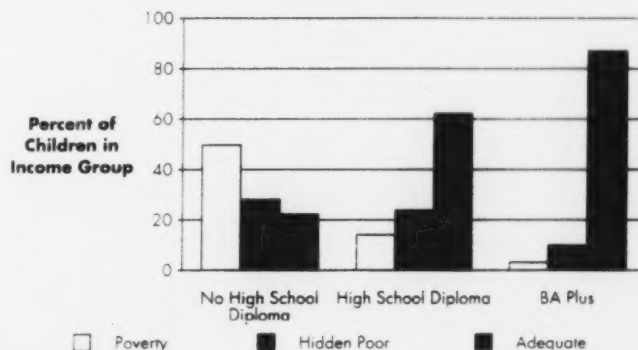
Securing a Living Wage

- More than a third of children whose parents are high school graduates have inadequate income; 1 in 7 children is officially poor, and 1 in 4 is hidden poor.

- Only an eighth of all children of college graduates are growing up with an inadequate income.

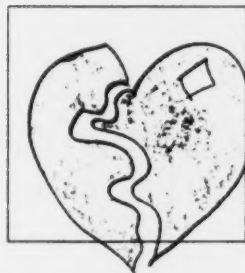
- More than three-fourths of children whose parents lack a high school diploma have an inadequate income.

**Family Income by Parent Educational Level
Washington, 1990**



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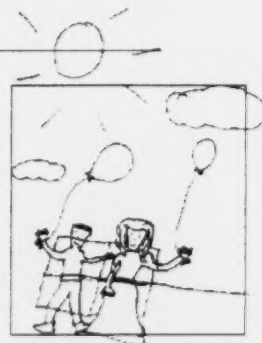


Things Could Get Worse...

- Unemployment is substantially higher than it was three years ago, and major industries in Washington are still cutting back on jobs.
- There is no substantial policy for low-income housing assistance at either federal or state levels adequate to provide resources on a scale commensurate with need.
- Large segments of the youth population have no perception that staying in school will enable one to find a well-paying job.
- Widespread illiteracy and innumeracy among the adult population limits the ability to obtain well-paying jobs in highly competitive industries.
- Improving technology may provide a better standard of living for some families, but it may also increase the skills required for jobs above the level of attainment of large portions of the population. More than a high school education is necessary to assure a job that will produce an adequate family income to raise children.

Or Things Can Get Better

- Federal legislation in 1993 provided significant expansion of the Earned Income Tax Credit for families up to 200% of poverty. Modest increases were provided in food stamp benefits for those up to 130% of poverty.
- Modest anti-hunger provisions were passed by the Washington Legislature in 1992.
- Both federal and state entities have expanded their school-to-work transition and job training programs. In addition, child care subsidies have been increased.
- Health system reform and universal coverage moving at both the state and federal level should ease the financial burden on working poor families, who are often employed in jobs that do not provide health insurance. Earlier access to health care should also improve the productivity of those workers.
- Several state and federal economic development initiatives may reduce the burden of unemployment and improve income levels. These include "empowerment zones" and assistance to timber-dependent communities.



WASHINGTON'S CHILDREN

HEALTH



In many ways, Washington's children have never been healthier. In many ways, they have never been at greater risk.

Our data show encouraging improvements in many areas:

- Infant and childhood mortality rates are at an all-time low.
- Deaths from unintentional injuries ("accidents") have declined by nearly 24% in the past decade.
- In recent years, immunization rates and prenatal care use have improved.
- Fewer children are uninsured for health care.

But in other areas, there is much cause for concern:

- Washington's rate of low birthweight infants has not changed appreciably in the past decade.
- Too many of our children drink, smoke and use drugs. And too many engage in unprotected sex, risking sexually transmitted diseases, AIDS and unintended pregnancy.
- Washington has one of the nation's highest rates of teen suicide. Last year, about 1 out of 10 high school students reported that they attempted suicide.

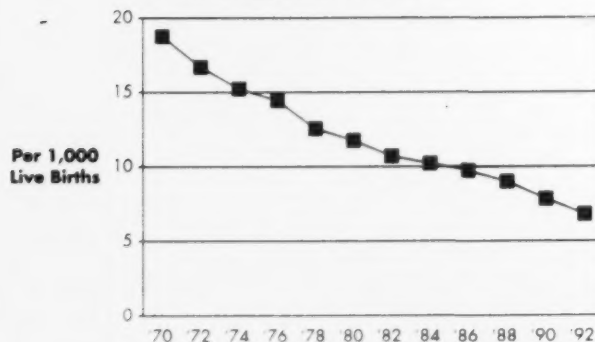
The outlook is mixed. Health system reform may link more families to primary care providers through managed care systems. But these systems may not always be "user friendly" for the poor, teenagers, non-English speaking individuals and children with chronic disabilities. A promising development is the potential reinvigoration of community-based programs through the Public Health Improvement Plan and through better regulation of the health care system for all Washington citizens.

Key Indicators	Then	Now	Trend
Infant Mortality Rate (Per 1,000 births)	10.7 (1982)	6.8 (1992)	Better
Low Birthweight Rate	5.3% (1982)	5.3% (1992)	Unchanged
2 Year-olds Not Completely Immunized	51% (1983)	45% (1990)	Better
Women Entering Prenatal Care after 3 Months	22.3% (1982)	20.2% (1992)	Better
10th-graders Who Smoked 6+ Times in Past Year	17.6% (1988)	19.8% (1992)	Worse
10th-graders Who Drank 6+ Times in Past Year	17.9% (1988)	17.4% (1992)	Better

HEALTH

Today, Washington's children are less likely to die than ever before, but they may not be healthier. Efforts to provide the most basic kinds of preventive care, such as immunizations, have failed to reach many in need. Recent surveys show that an unacceptably high percentage of youth in our state are engaging in risky, unhealthy behaviors. Improvements in mortality rates are not, for the most part, attributable to better routine medical care. The major portion of the decline in infant mortality can be attributed to a pronounced drop in cases of sudden infant death syndrome (SIDS), possibly as a result of increased public awareness. The declines in childhood mortality are primarily due to major reductions in deaths from unintentional injuries, especially motor vehicle accidents.

**Infant Mortality Rate
Washington, 1970-92**



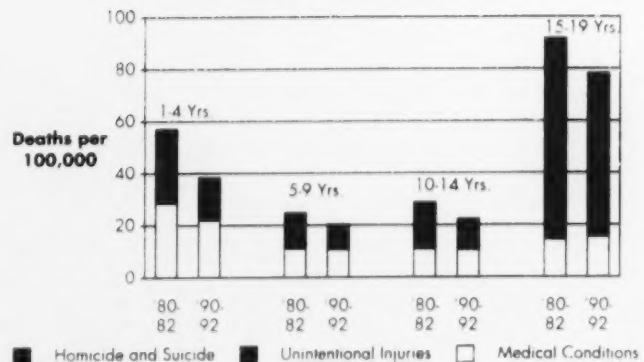
Infant Mortality Continues to Fall

- Our 1992 infant mortality rate (6.8 per 1,000 births) exceeds the National Goal for the Year 2000 (7.1,000).
- The major reasons for the decline in infant mortality since 1989 are that deaths from SIDS declined 37% and deaths attributable to lung problems of premature infants dropped 69%.
- Disparities in mortality between White and non-White infants persist. African American and Native American infants are more than twice as likely to die as White infants.

Childhood Mortality Declines

- Except for rates among 1-4 year-olds, mortality due to diseases has not changed in the past decade.
- For all age groups, deaths from unintentional injuries ("accidents") have declined substantially.
- Homicide and suicide are major causes of deaths in adolescents — and rates are increasing.

**Childhood Mortality
Washington, 1980-82 and 1990-92**

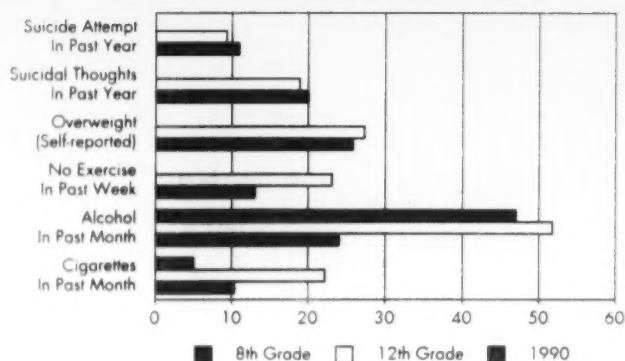


Adolescents Risk Their Health

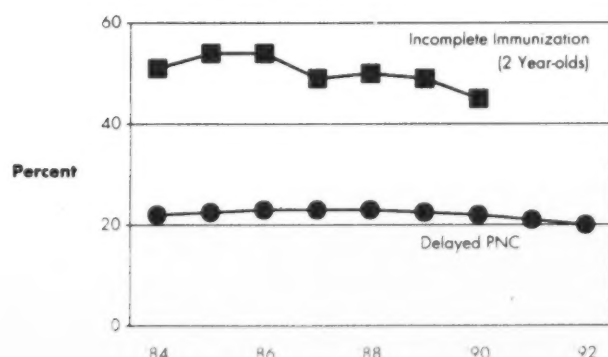
- Nearly 20% of students say they have had serious thoughts about suicide in the past year, and about 10% report having made a suicide attempt.

- The same survey shows that students who abuse alcohol and other drugs are more likely to consider suicide. The study also revealed a strong connection between thoughts of suicide and history of physical and sexual abuse, and between abuse and other violence-related behaviors.

Self-reported Health Behaviors Survey of Washington Youth, 1992



Incomplete Immunization and Delayed Prenatal Care Washington, 1984-92



Some Need Basic Services

- Despite major public health efforts such as the First Steps program for pregnant women and infants, there have been only small improvements in our ability to provide basic, preventive services to all. About 20% of Washington women, for example, still do not begin prenatal care during the first third of pregnancy.

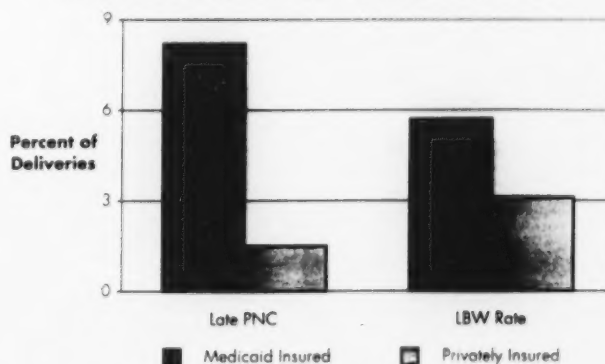
- At two years of age, 45% of all children still have not received all recommended immunizations.

Insurance Doesn't Mean Access

- Compared with women who have private health insurance, low-income women on Medicaid are still more than five times as likely to begin prenatal care in the last third of pregnancy ("late PNC").

- Medicaid-insured women are nearly twice as likely as privately insured to have a low birthweight infant (born under 5.5 pounds).

Late/No Prenatal Care & Low Birthweight Rate Medicaid vs. Non-Medicaid Deliveries, 1991



THE FUTURE OF WASHINGTON'S CHILDREN IS IN OUR HANDS



Things Could Get Worse...

- Rising levels of poverty and deteriorating communities will result in increased levels of poor nutrition, unsafe environments and risky health-related behaviors among children.
- Unacceptably high levels of unhealthy behaviors among youth (smoking, alcohol and drug use, unprotected sex, lack of exercise) will

lead to an increase in the prevalence of health problems in the future, as well as additional health care costs for medical treatment of lung and cardiac conditions, pregnancy, alcohol-related motor vehicle accidents, sexually transmitted diseases and AIDS.

- Initiative 601 may severely limit the range of health services accessible to Washington's children by forcing curtailments in Medicaid and basic health services under health system reform.
- Managed care arrangements, the model that is being adopted by Medicaid and that will be at the core of health system reform, may limit access to specialized services needed by children with chronic and disabling conditions, and by poor and non-English speaking groups.

Or Things Can Get Better

- Medicaid's managed care program may enhance medical care for many low-income families in the state by linking every family with a primary care provider.



- Health system reform, if properly implemented, could improve access to medical care by eliminating financial barriers to care for more than 250,000 children in our state who currently have no health insurance.
- New federal and state immunization campaigns may drastically increase the proportion of Washington's children who are fully immunized.
- Washington's Public Health Improvement Plan may provide the impetus to implement population-based, community-oriented interventions to improve health-related behaviors and reduce environmental risks.
- Injury prevention programs have already produced marked reductions in deaths from poisoning, burns and motor vehicle and bicycle accidents. In the future we can hope to see reductions in drownings, falls, gun-related and pedestrian injuries as well.

WASHINGTON'S CHILDREN

EDUCATION



Never before have children in Washington needed so much from their public schools. Enrollment will grow by a fourth before the end of the decade, as the "echo of the baby boom" moves through secondary school. Students are more diverse, with a growing share coming from new immigrant families who will depend on schools to develop fluency in English. All students will need to develop skills that will help them make their way in a changing and more competitive economy, where a high school diploma won't necessarily get them work that will pay enough to maintain them and their families above the poverty level.

During the past decade, the K-12 public education system in Washington has had mediocre performance. Standardized test scores are above the national average, but they have declined relative to the rest of the nation. We have stalled in our progress to reduce the student-teacher ratio in our public schools. High school completion rates remain very low for Hispanics and have barely improved for both Hispanics and Asian Americans. Only 40% of Washington's students enroll in college preparatory classes, compared with 52% nationwide. And at this crucial time, the schools are struggling more with substance abuse, behavior problems and other issues that interfere with learning.

The more diverse needs of students today require more individualized instruction, but Washington schools are making slow progress in improving student:teacher ratios. Constraints ranging from federal regulations to limited building space inhibit schools from converting additional staffing to smaller class size.

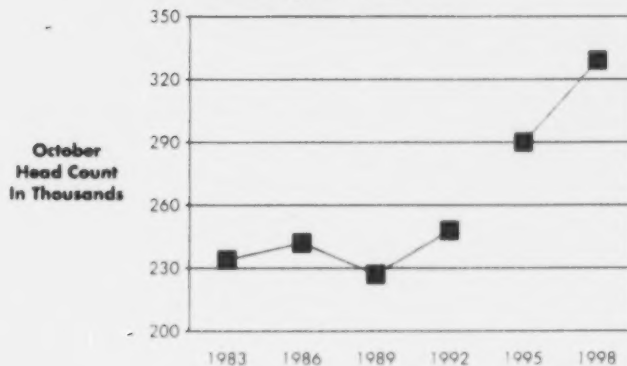
There are many encouraging trends to point to in our schools. Implementation of the 1993 Education Reform Act is underway, drawing together educators and family advocates across the state. School districts have been experimenting with school-based management and with expansion of early childhood programs. Communities around the state are recognizing the need to link social and health services -- school breakfasts and lunches, health care, counseling -- together with schools so that students will receive the support they need to be "ready to learn." The state is assisting this effort with grants and creation of the local Public Health and Safety Networks.

Key Indicators	Then	Now	Trend
Eighth Grade Math Scores, compared with U.S. average			
White	+11% (1988)	+5% (1992)	Worse
African American, Native American, Hispanic	-16% (1988)	-19% (1992)	Worse
High School Non-completion Persons 25 Years and Older	22.3% (1980)	16.2% (1990)	Better

EDUCATION

The demands placed on Washington's higher education system are growing. The changing economy requires higher educational skills, yet only 40% of our students take college preparatory programs, and only half of our high school graduates apply to college. High school enrollment will grow by more than a fourth in the next five years. This population trend is beginning to place a strain on colleges and universities. We see a consistent picture: a rapidly growing youth population, with greater cultural diversity, limited English proficiency and family problems. To nurture this generation, our schools must be revitalized and linked to a full set of community resources.

**Enrollment Trends for Grades 9-12
Washington, 1983-98**



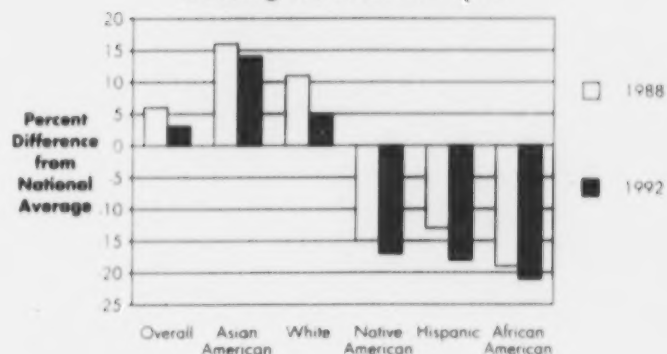
New Challenges

- The "echo of the baby boom" is moving from elementary to high schools, with a projected increase of 27% over the next five years.
- There are now 29,000 school children in Washington from households with limited English language proficiency, a 64% increase since 1980.
- The number of children from low-income immigrant families has more than doubled since 1980, to about 13,000 students.

Student Achievement Gap

- There is a substantial test score gap in both reading and math between African Americans, Hispanics and Native Americans, and Whites and Asian Americans.
- While we have a student population that is 17.6% minority, only 4.9% of teachers are drawn from minorities.
- Test scores have declined compared to national averages for all race and ethnic groups.

**Eighth Grade Math Scores
Compared with U.S. Average
Washington, 1988 and 1992**



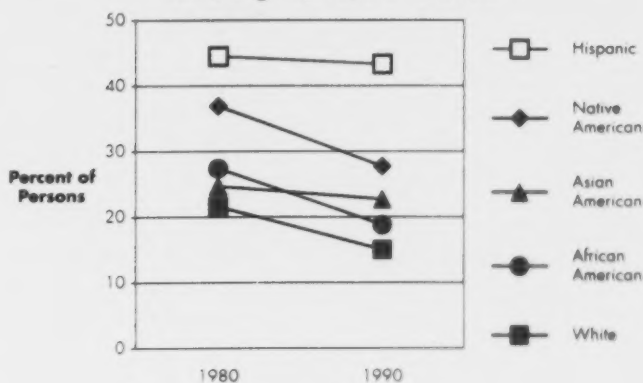
Diplomas: Investments That Pay

- Washington's school completion rates have been improving, but more than 1 in 5 Asian Americans, 1 in 4 Native Americans and 40% of Hispanic youth fail to complete high school.

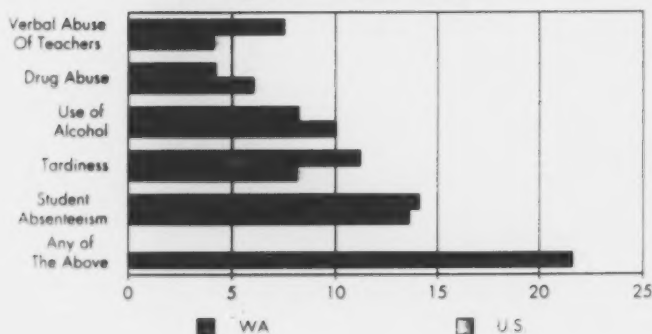
- A school diploma is a necessity for a job that will pay enough to maintain a household at better than poverty level. High school graduates earn about 25% more than employed drop-outs.

- College graduates earn about 50% more than high school graduates, and the gap has been increasing recently.

High School Non-completion by Race and Ethnicity Washington, 1980 and 1990



Percent of Teachers Reporting Serious Problems in Their Schools Washington and U.S., 1990-91



Interfering with Learning

- About a third of Washington teachers say that student behavior interferes with teaching. About 1 in 5 teachers in Washington called absenteeism, alcohol or drug abuse, tardiness or verbal abuse of teachers serious problems. Rates are highest for urban schools (27%) and rural schools (24%) and lower for suburban schools (14%).

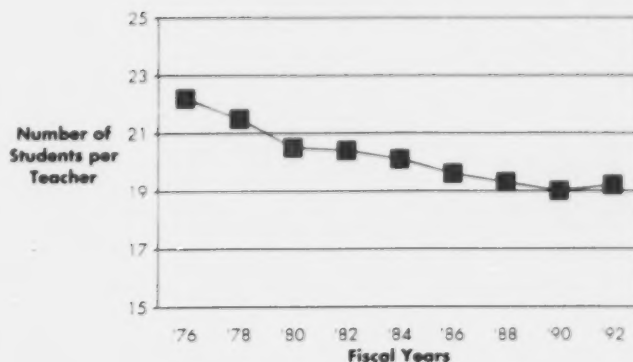
- Our schools have more alcohol and drug abuse problems than the national averages. Drug abuse is also reported to be at higher rates in rural and urban schools than suburban ones.

The Way Ahead

- Meeting the many challenges before our public schools — racial, ethnic and linguistic diversity, encouraging school completion, assisting teens to combat the problems of sexuality and substance abuse — will require more individualized instruction.

- Currently, we are stalled at efforts to reduce the student:teacher ratio while the rest of the nation has moved ahead. Some improvement can come from restructuring our schools; some will require additional investment.

K-12 Students per Teacher Washington, 1976-92



THE FUTURE OF WASHINGTON'S CHILDREN IS IN OUR HANDS



Things Could Get Worse...

- Inadequate funds are available to meet the needs of education reform in the face of increasing enrollments and increased need for social and health services to make students "ready to learn" by providing adequate nutrition, housing, health care and stable family environments.
- Washington's student population is becoming increasingly diverse, with growing numbers of low-income immigrants from limited English speaking households.
- Fear of crime is increasingly prevalent in our public schools.
- The economy is restructuring in ways that demand higher educational skills for entry-level employment.
- Increasing numbers of children are unsupervised after school — raising issues of safety and security.

Or Things Can Get Better

- State lawmakers have passed the 1993 Education Reform Act, with implementation underway by the Student Learning Commission, the Superintendent of Public Instruction and the Family Policy Council.
- Readiness to Learn grants have been awarded to 22 communities.
- In the future, education will be structured to hold schools accountable for reaching student learning outcomes adequate to function in our economy.
- School-based management is gaining momentum, and the concept is increasingly supported by parents and the public.
- Head Start and ECEAP — the federal and state early childhood programs — have been expanded, and the Washington Legislature has approved new laws requiring development of a state plan for the care of school-age children.



WASHINGTON'S CHILDREN

SAFETY AND SECURITY

Despite remarkable improvements in the prevention of unintentional injuries — "accidents" — we cannot say that Washington's children are safer today than they were 10 or 20 years ago. Although fewer children die from drowning, car accidents or pedestrian injuries, unintentional injuries continue to threaten our children.

■ Motor vehicle accidents *alone* accounted for 30% of deaths of children in 1992. And alcohol, the most commonly used drug among youth, was involved in more than 40% of fatal collisions involving young drivers.

While deaths from accidents are declining, there has been a disturbing increase in deaths related to violence and firearms.

■ Death rates from firearms among 15-19 year-old youths have doubled in the past 15 years, and these deaths now account for a fourth of all deaths in this age group.

These trends in mortality have been matched by concerning trends in other indicators as well.

■ Over the past decade, arrest rates for violent crimes have doubled.

■ Reported cases of child abuse and neglect now occur at a rate of almost 50 per 1,000 per year compared with less than 40 per 1,000 per year in the mid-1980s.

■ Among senior high school students responding to the 1992 Washington Adolescent Health Survey, 37% of females and 17% of males reported having been physically or sexually abused.

Left unattended, these problems may continue to grow. Trends in precursors of abuse and violence — poverty, family stress, community dysfunction — are getting worse. And demographic forces alone — e.g., a projected 27% increase in the

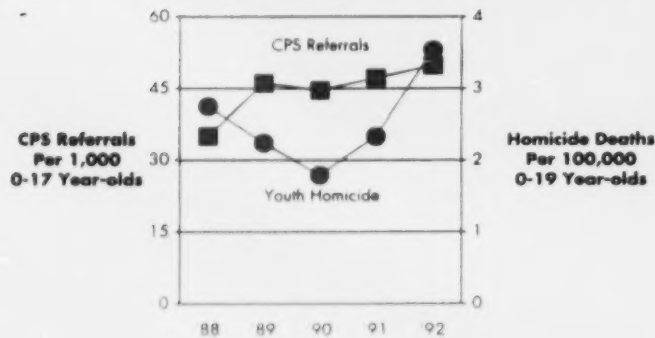
number of adolescents over the next five years — will place greater demands on schools, communities and services.

Key Indicators	Then	Now	Trend
Death Rate from Accidents (Per 100,000 10-19 Year-olds)	35.3 (1982)	19.3 (1992)	Better
Child Abuse and Neglect (Per 1,000 0-17 Year-olds)	35 (1988)	49 (1992)	Worse
Arrest Rate for Aggravated Assaults (Per 1,000 15-24 Year-olds)	1.6 (1984)	3.2 (1992)	Worse
% of Deaths Due to Firearms (15-19 Year-olds)	14.0% (1982)	25.0% (1992)	Worse
Average Daily Population In Correctional Facilities (15-19 Year-olds)	779 (1987)	1,065 (1993)	Worse

SAFETY AND SECURITY

So far, the 1990s have been a decade of rising violence among young people. Reported cases of child abuse and neglect, homicide deaths and arrest rates for violent crime, rape and assault have all climbed since the late '80s. Increasingly, guns are involved in these crimes. Today, firearms account for nearly 24% of deaths among young adults. Alcohol is also a frequent contributor to homicides, domestic violence, and motor vehicle collisions and fatalities. This trend is particularly disturbing in view of the results of a recent survey showing that about 1 in 5 of Washington's high school seniors report driving while using alcohol and drugs.

**Youth Homicide and Reported Child Abuse
Washington, 1988-92**



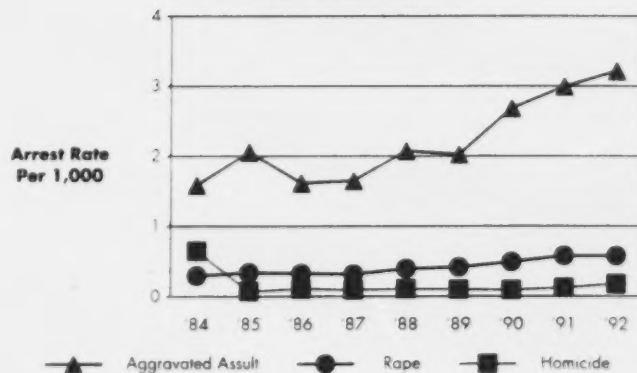
Violence Touches More Children

- Each week, 1,325 cases of suspected child abuse and neglect are reported to the state's Child Protective Services.
- Between 1991 and 1992, the number of homicide victims under 20 years old increased from 41 to 64.
- Self-reports by high school seniors indicate much higher levels of physical and sexual abuse than those reflected in the annual number of CPS referrals.

Rising Rates of Violent Crimes

- In Washington, 15-24 year-olds are 3 times more likely to be arrested for rape and 18 times more likely to be arrested for aggravated assault than for homicide.
- Of all age groups, 15-24 year-olds have the highest arrest rates for homicide, rape and aggravated assault.
- Since 1984, youth arrest rates for homicide, rape and aggravated assault have doubled.

**Arrest Rates for Violent Crimes
15-24 Year-olds, 1984-92**

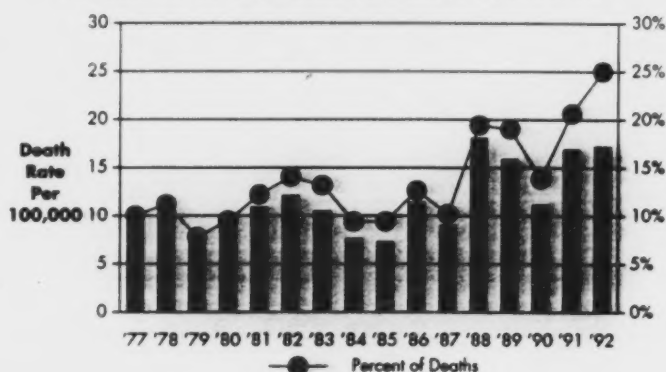


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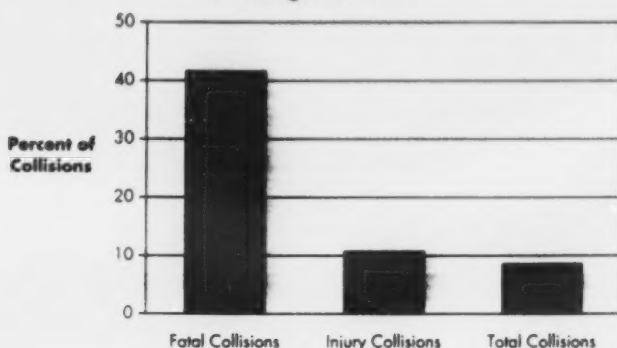
Risk Factors ... Guns

- The rate of deaths by guns for 15-24 year-olds has doubled in the past eight years. Guns now account for nearly 1 of every 4 deaths in this age group.
- In Washington, 23% of Washington's high school seniors and 24% of eighth graders report that they sometimes carry weapons to school. More than 4% of Washington students report that the weapon they "usually carry" is a gun.

**Deaths Due to Firearms
Children 15-19 Year-olds, Washington, 1977-92**



**Motor Vehicle Collisions Involving Alcohol
Drivers under 24 Years Old
Washington, 1992**



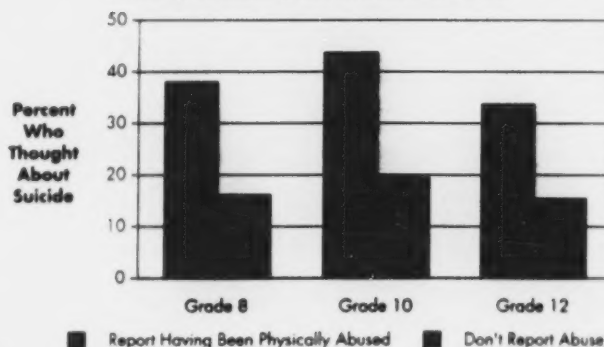
... and Alcohol

- Alcohol use contributes to 40% of fatal collisions where the driver is under 24 years old.
- More than 35% of Washington's high school seniors report riding in a motor vehicle whose driver has been using alcohol or drugs; more than 20% report driving while using alcohol and drugs.
- Alcohol and drugs reportedly contribute to more than 24% of homicides and a large share of domestic violence.

Lifetime Effects of Abuse

- Adolescents with a history of physical abuse report thinking about suicide twice as often as children with no history of physical abuse.
- Children who report having been sexually abused are also twice as likely to consider suicide.

**Link Between Suicidal Thoughts
And Reported History of Physical Abuse
Among Washington Students, 1992**



THE FUTURE OF WASHINGTON'S CHILDREN IS IN OUR HANDS



Things Could Get Worse...

- Domestic violence and child abuse are related to economic and social stress. Current trends in family poverty may result in even higher rates of abuse in the future.
- Youth violence, as well as suicide, is often a response to hopelessness, deprivation and the absence of "healthy" options for the future.

If educational sub-achievement, family dysfunction and community deterioration become more commonplace in our state, we can expect that youth violence will also become more entrenched and widespread.

- Population trends alone will bring rapid growth in the youth population, particularly in teenagers. Within five years, there will be 27% — or 70,000 — more teenagers than today. *Even if the rates of despondency and violence do not change*, we can expect 27% more suicides, 27% more arrests, 27% more homicides than we witness currently.

- Initiative 601 will restrict the Legislature's ability to expand services to this rapidly growing age group because it allows spending to be adjusted only for increases in total population. It does not account for the rapid increase in the numbers of high-risk, high-cost adolescents.

Or Things Can Get Better

- The passage of the Family Policy Initiative presents new opportunities to attack the problems of youth violence and improve services for at-risk youth. Better data will be collected to track violence-related problems and to identify risk factors related to violence.



- Local community councils called Community Public Health and Safety Networks are being formed to plan, oversee and coordinate programs and services aimed at high-risk youth and violence prevention.
- The networks will encourage individuals from different areas — education, public health, social services, juvenile justice and private industry — to work together on behalf of children and families.
- These networks will be committed to achieving *measurable reductions* in adverse youth outcomes, such as violent crime by juveniles, substance abuse, teen pregnancy and dropping out of school.

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WASHINGTON'S CHILDREN

SOURCES

Washington's Children: 1970-92 and Beyond

Page 8: Demographic Trends, Chart #1 - Washington state Office of Financial Management population estimates and projections 1970-2020; **Chart #2** - U.S. Census 1970, 1980, 1990; **Family Composition, Chart #1** - Washington state Department of Health (DOH), Vital Statistics 1970-92; **Chart #2** - U.S. Census 1970, 1980, 1990; **Chart #3** - data from Department of Social and Health Services Division of Children and Family Services; **Family Income, Chart #1** - U.S. Census 1970, 1980, 1990; **Chart #2** - U.S. Census 1970, 1980, 1990; **Chart #3** - U.S. Census 1970, 1980, 1990

Page 9: Mortality, Chart #1 - DOH, Vital Statistics 1970-92; **Chart #2** - DOH, Vital Statistics 1970-92; **Chart #3** - DOH, Vital Statistics 1970-92; **Physical and Mental Health, Chart #1** - DOH, Vital Statistics 1970-92; **Chart #2** - DOH, Office of HIV/AIDS Epidemiology & Surveillance; **Chart #3** - DOH, Vital Statistics 1970-92; **Access to Health Care, Chart #1** - DOH, Vital Statistics 1970-92; **Chart #2** - DOH Office of Immunization and Tuberculosis Services; **Chart #3** - data from the Comprehensive Hospital Abstract Reporting System (CHARS), 1986-92

Page 10: Teen Pregnancy, Chart #1 - DOH, Vital Statistics 1970-92; **Chart #2** - DOH, Vital Statistics 1970-92; **Chart #3** - DOH, Vital Statistics 1970-92; **Violence, Chart #1** - data from DSHS Division of Children and Family Services; **Chart #2** - DOH, Vital Statistics 1970-92; **Chart #3** - DOH, Vital Statistics 1970-92; **Arrests, Chart #1** - Governor's Juvenile Justice Advisory Committee, *1993 Juvenile Justice Report*; **Chart #2** - *1993 Juvenile Justice Report*; **Chart #3** - *1993 Juvenile Justice Report*

Family and Community

Page 11: Key Indicators Table - Children not Living with Two Parents - U.S. Census 1980, 1990; Teen Birth Rate - DOH, Vital Statistics 1982 and 1992; Births to Unmarried Women - DOH, Vital Statistics 1982 and 1992; Children in Out-of-Home Care - data from DSHS Division of Children and Family Services

Page 12-13: Chart #1 - DOH, Vital Statistics 1970-92; **Chart #2** - DOH, Vital Statistics 1970-1992; **Chart #3** - U.S. Census 1980 and 1990; **Chart #4** - U.S. Census 1980 and 1990; **Chart #5** - U.S. Census 1980 and 1990

Economic Well-Being

Page 15: Key Indicators Table - Share of Official Poor and "Hidden Poor" - Washington Kids Count analysis of Census data; lower living standard income level published by the U.S. Bureau of Labor Statistics, adjusted according to consumer expenditure levels reported by the Census Bureau, and by the Consumer Price Index; Unemployment Trends - Washington state Department of Employment Security

Page 16-17: Chart #1 - Washington Kids Count analysis of Census data; **Chart #2** - lower living standard income level published by the U.S. Bureau of Labor Statistics, adjusted according to consumer expenditure

levels reported by the Census Bureau and by the Consumer Price Index;
Chart #3 - Washington Kids Count analysis of Census data; **Chart #4** - Washington Kids Count analysis of Census data; **Chart #5** - Washington Kids Count analysis of Census data

Health

Page 19: Key Indicators Table - Infant Mortality Rate - DOH, Vital Statistics 1982 and 1992; Low Birthweight Rate - DOH, Vital Statistics 1982 and 1992; 2 Year-olds Not Completely Immunized - DOH Office of Immunization and Tuberculosis Services; Delayed Prenatal Care - DOH, Vital Statistics 1982 and 1992; 10th-Graders Who Smoked - *Survey of Adolescent Health Behaviors, 1988-92*, DOH; 10th-Graders Who Drank - *Survey of Adolescent Health Behaviors*

Page 20-21: Chart #1 - DOH, Vital Statistics 1970-92; **Chart #2** - DOH, Vital Statistics 1980-92; **Chart #3** - DOH, *Survey of Adolescent Health Behaviors, 1988-92*; **Chart #4** - DOH, Vital Statistics 1984-92; data from the DOH Office of Immunization and Tuberculosis Services; **Chart #5** - data from the DSHS Office of Research and Data Analysis, First Steps Data Base

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Page 23: Key Indicators Table - Eighth Grade Math Scores - data from the Washington state Office of the Superintendent of Public Instruction (OSPI); High School Noncompletion - data from OSPI

Page 24-25: Chart #1 - data from OSPI; **Chart #2** - data from OSPI; **Chart #3** - Census Bureau, Current Population Reports, Series P-20, *Educational Attainment in the United States*; **Chart #4** - U.S. Department of Education, National Center for Education Statistics, *Schools and Staffing in the United States*; **Chart #5** - data from OSPI

Safety and Security

Page 27: Key Indicators Table - Death Rate from Accidents - DOH, Vital Records 1982 and 1992; Child Abuse and Neglect - data from the DSHS Division of Children and Family Services; Arrest Rate for Aggravated Assaults - DOH, "Preliminary Assessment of Violence in Washington State," November 1993; Deaths Due to Firearms - DOH, Vital Records 1984 and 1992; Average Daily Population in DJR Facilities - Governor's Juvenile Justice Advisory Committee, *1993 Juvenile Justice Report*

Page 28-29: Chart #1 - DOH, Vital Records 1988-92; data from Child Protective Services; **Chart #2** - DOH, "Preliminary Assessment of Violence in Washington State," November 1993; **Chart #3** - DOH, Vital Records 1984-92; **Chart #4** - Washington state Traffic Safety Commission, *1992 Traffic Collisions in Washington State: Data Summary and Highway Safety Problem Analysis, 1993*; **Chart #5** - DOH, *Survey of Adolescent Health Behaviors, 1988-92*

WASHINGTON KIDS COUNT



This is the third annual report on *The State of Washington's Children*. It was produced by the University of Washington School of Public Health and Community Medicine in collaboration with the Institute for Public Policy and Management of the Graduate School of Public Affairs. This report is part of the Washington Kids Count Project, which receives major funding from the Annie E. Casey Foundation.

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